



Testimony by the Connecticut State Medical Society

Public Health Committee House Bill 5190

An Act Concerning Testing for Human Immunodeficiency Virus

March 9, 2022

Senator Abrams, Representative Steinberg, and distinguished members of the Public Health Committee; on behalf of the physicians and physicians in training of the Connecticut State Medical Society (CSMS), thank you for the opportunity to provide this testimony on House Bill 5190, An Act Concerning Testing for Human Immunodeficiency Virus.

CSMS recognizes the public health goals of increased testing for the Human Immunodeficiency Virus (HIV). However, CSMS has concerns with this bill and how this bill is drafted.

At the outset, this bill is an example of legislating the practice of medicine. Medical care decisions are best left to physicians and their patients, and we do not believe it is the role of the legislature to dictate medical care.

This bill appears to require physicians practicing in both the emergency departments and in the primary care setting to offer their patients aged 13 years and over a yearly HIV test. In the primary care setting, physicians are allotted 13 minutes or less by the health insurers to perform a physical exam. While the act of inquiring if a patient would like an HIV test is very quick, the likely discussion that will follow as to why the patient is being asked this question will be more time consuming. There is simply not enough time allowed by health insurers to add yet another element into a physical exam, particularly when it may not be impactful to a large percentage of the physician's patients. Physicians in the emergency department are triaging multiple patients with a multitude of conditions. The logistics of how this would work in the emergency department setting are unclear. Is the physician supposed to ask a patient who is screaming in pain with a compound fracture if they would like an HIV test? This proposed requirement does not consider the realities of medical practice in the primary care setting or the emergency department.

There is no requirement in this bill for the health insurers to cover HIV screening on a pre-deductible basis. Therefore, patients with high deductible health plans (HDHP), will have to pay out of pocket for this testing until they reach their deductible. Many patients do not understand how HDHPs work and may not understand that this test will likely result in an out-of-pocket expenditure.

We are also concerned about the potential for overlap in this bill. If during the year, a patient visits one emergency department, two urgent care centers and their primary care physician twice, will they be asked on five separate occasions if they want an HIV test? At some point, patients will become frustrated by the repetitive asking of the same question. If this bill were to pass, what comes next? Does this legislature mandate that every patient be asked if they want a hepatitis c test? A syphilis test? This legislation has

the potential to open the door to numerous testing requirements which will become unmanageable for the medical community.

That said, we do have some suggestions for how to accomplish the public health intents of this bill while best balancing the realities of physician practices. CSMS recommends this bill include a choice of mechanisms that would satisfy the underlying intent of this bill, including, but not limited to options for:

- Presenting a document during the intake process explaining the law and presenting the patient with a “check-the-box” option for an HIV test
- Posters advertising the availability of HIV testing

CSMS believes adding these options into the bill will be easier for the patient as well. Paper documents or posters are non-confrontational, reduce the often-emotional component of HIV testing and may in fact encourage reluctant patients to accept an HIV test.

CSMS stands ready to work with this Committee on developing reasonable mechanisms for increasing HIV testing that does not place undue burdens on the medical community.